



## OBSTETRICAL EMERGENCIES

### I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Obstetrical emergencies (field delivery) with or without complications.

### II. BLS INTERVENTIONS

#### UNCOMPLICATED DELIVERY

- Administer oxygen as clinically indicated.
- Prepare for delivery.
- Massage fundus if placenta delivered.

#### COMPLICATED DELIVERY

- Excessive vaginal bleeding prior to delivery:
  - Attempt to control bleeding. Do not place anything into vagina.
  - Place in trendelenberg position.
- Prolapsed Cord:
  - Elevate hips.
  - Gently push presenting part of head away from cord.
  - Consider knee/chest position for mother.
- Postpartum Hemorrhage:
  - Massage fundus to control bleeding.
  - Encourage immediate breast feeding.
  - Place in trendelenburg position.
- Cord around infant's neck:
  - Attempt to slip cord over the head.

- If unable to slip cord over the head, deliver the baby through the cord.
- If unable to deliver the baby through the cord, double clamp cord, then cut cord between clamps.
- Breech presentation and head not delivered within three (3) to four (4) minutes:
  - Administer oxygen.
  - Place in trendelenburg position.
  - Transport Code 3 to closest appropriate facility.
- Pregnancy Induced Hypertension and/or Eclampsia:
  - Initiate and maintain seizure precautions.
  - Attempt to reduce stimuli.
  - Limit fluid intake.
  - Monitor and document blood pressure.
  - Consider left lateral position.

### **III. LIMITED ALS (LALS) INTERVENTIONS**

#### **COMPLICATED DELIVERY**

- Obtain IV access, and maintain IV rate as appropriate.
- Excessive vaginal bleeding or post-partum hemorrhage:
  - Give fluid challenge of 500 ml, if signs of inadequate tissue perfusion persist may repeat fluid bolus.
  - Maintain IV rate at 150 ml per hour.
  - Establish second large bore IV enroute.
- Pregnancy Induced Hypertension and/or Eclampsia:
  - IV TKO, limit fluid intake.
  - Obtain O<sub>2</sub> saturation on room air, if possible.

- Place in left lateral position, and obtain blood pressure after five (5) minutes.
- Consider immediate notification of base hospital physician.

#### **IV. ALS INTERVENTIONS**

##### **COMPLICATED DELIVERY**

- Obtain IV access, and maintain IV rate as appropriate.
- Excessive vaginal bleeding or post-partum hemorrhage:
  - Administer fluid challenge of 500 ml. If signs of inadequate tissue perfusion persist may repeat fluid bolus.
  - Maintain IV rate at 150 ml per hour.
  - Establish second large bore IV enroute.
- Pregnancy induced hypertension:
  - Administer IV TKO. Limit fluid intake.
  - Obtain O<sub>2</sub> saturation on room air, if possible.
  - Place in left lateral position, and obtain blood pressure after five (5) minutes.
  - Obtain rhythm strip with copy to receiving hospital.
- Eclampsia (Seizure/Tonic/Clonic Activity):
  - Magnesium Sulfate per ICEMA Reference #7040 - Medication - Standard Orders.
  - Midazolam per ICEMA Reference #7040 - Medication - Standard Orders.
- Consider immediate notification of base hospital physician.
- Base hospital physician may order or in Radio Communication Failure:
  - Dopamine infusion per ICEMA Reference #7040 - Medication - Standard Orders.

**V. REFERENCE**

<u>Number</u>	<u>Name</u>
7040	Medication - Standard Orders